2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am Secretary of State DOCUMENT # **P93000056023** REDES INVESTMENT GROUP, INC. 05-05-2001 90230 001 ***158.75 05-05-2001 90230 002 *****8.75 Principal Place of Business Mailing Address %JOSE M. REVUELTA PO BOX 65-1621 3157 S.W. 111TH AVE. MIAMI FL 33265 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0427939 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REVUELTA, JOSE M Street Address (P.O. Box Number is Not Acceptable) 3157 SW 111TH AVE. 999 PONCE DE LEON BLVD., SUITE 1150 **MIAMI FL 33165** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Delete Addition NAME NAME REVUELTA, JOSE M STREET ADDRESS STREET ADDRESS 3157 S.W. 111TH AVE. City-ST-ZIP CLTY-ST-ZIP MIAMLEL 33165 TITLE ☐ Delete TITLE Change Addition. **VP** NAME NAME **GUERRERO, EVARISTO** STREET ADDRESS STREET ADDRESS VIA TANGANICA BJ2 BOSQUE DE LAGO ENCANTADA CITY-ST-ZIP CITY-ST-ZIP TRUJILLO ALTO, PUERTO RICO ☐ Delete TITLE ☐ Chance Addition THE S NAME NAME MIGUEL DE LA SOTA STREET ADDRESS STREET ADDRESS 1715 SEGRE ST. CITY-ST-7/P CITY-ST-ZIP RIO PIEDRAS HEIGHTS P. 00926 Delete TITLE Change ☐ Addition TITLE NAME NAME MIGUEL A. ARIAS STREET ADDRESS STREET ADDRESS 473 BLANDING BLVD. CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-SE-ZIF CITY-ST-ZIP Change Addition TITLE ☐ Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

305-225-9225

Daytims Phone #